

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		
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50													
TOTAL IND.	3	↓		↓		↓							
TOTAL DEP.	46	↓		↓		↓							
TOTAL CLAIMS	49												
* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS													